

DEPARTMENT OF THE ARMY  
U.S ARMY MEDICAL DEPARTMENT ACTIVITY  
FORT HUACHUCA, ARIZONA 85613-7079

MEDDAC MEMORANDUM  
No. 40-5

28 September 2006

Medical Services  
EMPLOYEE HEALTH

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**1. HISTORY:** This issue publishes a revision of this publication.

**2. PURPOSE:** To establish guidelines and policies for an effective Department of the Army civilian (DAC) and active duty employee health program IAW legal requirements and good occupational health practice.

**3. SCOPE:** This publication applies to all Army Medical Department personnel (MEDDAC, DENTAC, VET and Red Cross Volunteers).

**4. REFERENCES:**

**4.1** 29 CFR Part 1910, Occupational Safety and Health Standards for General Industry.

**4.2** Joint Commission for the Accreditation of Health Care Organizations.

**4.3** AR 40-5, Preventive Medicine,

**4.4** AR 40-562, Immunizations.

**4.5** TB MED 530, Occupational and Environmental Health Food Service Sanitation.

**4.6** MEDDAC Memorandum 40-38, Communicable and Preventive Disease Reporting.

**4.7** MEDDAC Pam Infection Control Handbook.

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\*This memorandum supersedes MEDAC MEMO 40-5,  
22 June 2004

**4.8** Center for Disease Control Immunization Recommendations.

**4.9** MEDCOM Chief of Staff Memorandum, Medical Treatment Policy for Federal Employees, 30 March 2006.

**5. GENERAL:**

**5.1** All AMEDD personnel must in-process through the Occupational Health Clinic within 10 days of the start of their employment to receive required immunizations and establish baselines for potential exposures to biological, chemical, and/or physical hazards to which they may be exposed as a result of their job.

**5.2** All personnel are seen annually at the Occupational Health Clinic for medical surveillance, which includes a tuberculin skin test (TST) and other procedures based upon the hazards to which they are exposed.

**6. PROCEDURE:**

**6.1** Immunizations:

**6.1.1** Tetanus-Diphtheria: All personnel are required to have a current immunization.

**6.1.2** Influenza: Mandatory for military personnel, highly recommended for civilian personnel, especially those in direct patient contact.

**6.1.3** Rubella, Measles (Rubeola) and Mumps.

**6.1.3.1** Documented rubella, rubeola and mumps antibody titers which indicate the individual is immune.

**6.1.3.2** Personnel who do not have immunity will report to the Immunization Clinic to be immunized.

**6.1.3.3** A repeat antibody titer is obtained 4-6 weeks after immunization to verify immunity.

**6.1.3.4** All immunizations are documented in the individual's PHS-731 (International Certificates of Vaccination), AHLTA and MEDPROS for those civilians who are deployable.

**6.1.4 Hepatitis B:**

**6.1.4.1** Mandatory for AMEDD military personnel. Civilian personnel working in high-risk areas where a reasonable expectation of being exposed to blood on the job exists are required by condition of employment to receive the Hepatitis B vaccination series. Those in low risk areas such as administrative positions are not required to receive the vaccine.

**6.1.4.2** All personnel receiving the series of Hepatitis B vaccine should have serologic testing 1-2 months following the final dose of the vaccine. An anti-HBs serologic test result of >10mlIU/mL indicates immunity. No further routine doses or testing is indicated.

**6.1.4.3** Those with a negative serologic test 1-2 months after the last dose of vaccine will have the 3-dose series repeated. Another serologic test will be conducted 1-2 months after the last dose.

**6.1.4.4** If the serologic test is still negative after the second 3-dose series, the employee is considered a non-responder to Hepatitis B vaccine. They will be counseled that the non-response most likely means they are susceptible to Hepatitis B (HBV). Further counseling will be conducted to discuss what the non-response means for that particular individual and what steps should be taken to protect his/her health. It is also possible that the non-responder is chronically infected with HBV. HBsAg testing can be offered or suggested to determine if this is the case. These test results should remain confidential.

**6.1.4.5** Post-vaccination testing need only be done 1-2 months after the last dose of Hepatitis B vaccine. If adequate anti-HBs was present (>10mlU/mL), nothing more needs to be done.

Periodic testing or boosting is not needed. Data show that adequate response to the vaccination series provides long-term immunologic memory that gives long-term protection. Vaccine induced anti-HBs levels may decline over time; however, immune memory remains intact indefinitely following immunizations. Only immunocompromised persons need to have anti-HBs testing and booster doses to maintain their anti-HBs concentrations.

**6.1.4.6** If personnel were vaccinated for Hepatitis B in the past and not tested for immunity, they do not need to be tested now unless they experience an exposure. If an exposure has occurred, the Center for Disease Control post exposure prophylaxis recommendations will be followed.

**6.1.4.7** If employees have inadequate documentation of prior vaccination, the three dose series should be administered or continued at whichever point of the series documentation was provided. Serologic testing should be performed 1-2 months after the last dose. There is no harm in receiving extra doses of vaccine.

**6.1.4.8** The Hepatitis B vaccine series should not be restarted when doses are delayed; rather, the series should be continued from where they left off (documentation must be produced). Doses may be delayed, but should not be given earlier than the recommended time frame between doses.

#### **6.1.5 Rabies:**

**6.1.5.1** All personnel who fall under the "frequent" risk category, as defined by the Center for Disease Control (i.e. veterinarians and staff, military dog handlers etc...) should be immunized with a primary course of rabies vaccine.

**6.1.5.2** Personnel will be evaluated by the Occupational Health Clinic for rabies vaccination requirements. Those identified at frequent risk that have not been previously vaccinated, will report to the Immunization Clinic as directed by Occupational Health.

**6.1.5.3** Serologic testing shortly after vaccination to test seroconversion is not necessary unless the person is immunosuppressed.

**6.1.5.4** Personnel who receive the rabies vaccination series will require serologic testing and/or booster every 2 years unless they are no longer in the frequent risk or higher categories.

**6.1.6** Varicella:

**6.1.6.1** All personnel, upon in-processing, will be asked if they have had varicella.

**6.1.6.2** Prior varicella illness is considered positive immunity.

**6.1.6.3** Individuals who have not had varicella or whose varicella status is unknown will have a varicella IGG titer drawn.

**6.1.6.4** Individuals with a negative varicella IGG titer will receive the varicella immunization series.

**6.2** Tuberculosis Screening:

**6.2.1** All personnel will receive a tuberculin skin test using Tuberculin Purified Protein Derivative (PPD) during in-processing except:

**6.2.1.1** Those with a documented PPD within the previous 10 months.

**6.2.1.2** Those with a documented positive PPD.

**6.2.2** Personnel with a negative PPD reading will be retested annually during their birth month.

**6.2.3** Personnel with a new positive PPD reading will be referred to Community Health Nursing for interview and work-up for INH chemoprophylaxis.

**6.2.4** Personnel with a prior documented positive PPD, who have not received prophylaxis, will be referred to Community Health Nursing to determine risk, Isoniazid (INH) chemoprophylaxis, chest x-ray, etc.

**6.2.5** Those with a prior documented positive PPD and documentation of receiving INH chemoprophylaxis will complete annual surveillance form provided by OH.

### **6.3 Injuries:**

#### **6.3.1 Job related.**

**6.3.1.1** A civilian employee who experiences a job-related injury may request treatment/care at no cost from any physician or hospital of his/her choice. A CA-20 (Attending Physician's Report) must be obtained from their supervisor or the Federal Employees Compensation Act (FECA) coordinator for services off post.

**6.3.1.2** All employees are responsible for reporting the incident to their supervisor. Civilian employees must complete a CA-1 (Notice of Traumatic Injury) that will be sent to the FECA coordinator, who will then forward a copy to the MEDDAC Safety Officer. A DA Form 285-AB-R (Abbreviated Ground Accident Report) must be completed by the Safety NCO of the individual's unit (for both civilian and active duty employees) and forwarded to the MEDDAC Safety Office after completion. Additionally, a DA Form 4106 (Incident Report) must be completed and sent to Risk Management. Active duty soldiers must report and complete form DA 285-AB-R for accidents/injuries that occur on and off duty.

**6.3.1.3** IAW the Memorandum from the MEDCOM Chief of Staff, dated 30 march 2006 (Medical Treatment Policy for Federal Employees), employees requiring treatment for an injury or occupational illness are entitled to initial selection of any licensed physician in private practice, who is not excluded, or to be treated at a government facility where one is available. Active Duty will be seen at the military treatment facility.

**Note:** If a civilian employee is seen for job related injuries and is also a military beneficiary, they must be registered under their own social security number, not their sponsors. Otherwise, this will cause billing concerns as well as run the risk of interfering with due process of Workmans compensation.

**6.3.1.4** The treating physician evaluates the employee regarding his/her work requirements and present level of wellness to determine if the employee is able to return to full or light duty.

**6.3.1.5** If follow-up care relating to the initial injury is necessary, the employee needs to make an appointment with their physician of choice for further evaluation and treatment (Active duty follow-up with their military treatment facility provider unless otherwise referred out). A CA-20 will need to be obtained (for civilian employees only) from the FECA Coordinator or supervisor and filled out by their selected physician. The CA-20 is then forwarded to the FECA coordinator for processing at the Office of Worker's Compensation Programs (OWCP).

**6.3.2** Bloodborne Pathogen and Needle stick Incidents.

**6.3.2.1** If a blood borne pathogen or needle stick incident occurs, procedures outlined in the Job Related Injuries outlined in 6.3.1 above will be followed. Wounds and skin sites that have been in contact with blood or body fluids should be washed with soap and water; mucous membranes should be flushed with water. No evidence exists that using antiseptics for wound care or expressing fluid by squeezing the wound further reduces the risk of blood borne pathogen transmission; however, the use of antiseptics is not contraindicated. The application of caustic agents (e.g., bleach) or the injection of antiseptics or disinfectants into the wound is not recommended. Additionally, the following procedures are necessary:

**6.3.2.2** Report the incident to your supervisor.

**6.3.2.3** The employee must report to the Occupational Health Clinic for evaluation between the hours of 0730 and 1630; after 1630 employees will go to the Sierra Vista Community Hospital Emergency Room. Regardless of where the employee goes for care, it is imperative that he/she be evaluated within two hours of the incident.

**6.3.2.4** HIV, Hepatitis B (HCsAg, HbsAb, and HbcAb), Hepatitis C, Renal, and Liver panels will be drawn and the results forwarded to the Occupational Health Clinic.

**6.3.2.5** Hepatitis B immune globulin (HBIG) or human serum globulin (ISG) and tetanus toxoid will be administered if indicated. The Occupational Health Clinic has current information regarding Hepatitis B vaccination and tetanus toxoid status of MEDDAC personnel.

**6.3.2.6** The treating physician will determine if the employee is a candidate for receiving retroviral therapy under the current CDC recommendations (as outlined in the MEDDAC Infection Control Guidelines).

**6.3.2.7** His/her attending physician should assess the source patient if known clinically and epidemiologically.

**6.3.2.8** The Occupational Health Clinic will determine the need for Hepatitis vaccination or follow up.

**6.3.2.9** HIV testing will be drawn at baseline, 6 weeks, 3 months, and 6 months from the date of injury. The employee is responsible for obtaining the scheduled HIV tests.

**6.3.2.10** Counseling by the Occupational Health Clinic and the treating physician will be conducted for the exposed employee. Counseling will include risk of seroconversion, symptoms of disease, and precautions to prevent secondary spread. Additionally, if the treating physician prescribes anti-viral prophylaxis, the physician must provide counseling on possible side effects and obtain additional baseline blood tests that may be indicated prior to initiation of therapy.

#### **6.4 Employee Illness:**

**6.4.1** When a communicable disease is suspected or confirmed in AMEDD military and civilian personnel, primary care providers and/or supervisors will notify the Preventive Medicine Wellness and Readiness Service (PMWARS) in accordance with MEDDAC Memorandum 40-38, Communicable and Preventable Disease Reporting.

**6.4.2** Personnel absent from work more than three days because of an illness must have a return to duty evaluation.



**6.4.3** Military and civilian personnel must provide a medical statement from their physician documenting the diagnosis and return to duty date evaluation. Military personnel may use military sick call physicians. Civilian personnel who are military health care beneficiaries may consult a military physician; other civilian personnel must consult their private physician.

**6.4.4** The medical statement will be presented to the Occupational Health Nurse (OHN) Monday through Friday (between the hours of 0730 and 1600).

**6.4.5** The OHN will evaluate the individual, document the diagnosis and the return to duty date on a DD Form 689 (sick slip). If the OHN concurs with the medical statement, the individual will return to duty. If the OHN does not concur, and the individual is military, he/she will report to sick call at 0730 after notifying his/her supervisor. If the individual is civilian, he/she will return to his/her personal physician for further re-evaluation. In this case, a civilian employee will be paid as if worked for 2 hours; the remaining 6 hours of duty will be charged as sick leave. Upon return to duty, the employee will report to the OHN with a new medical statement for re-evaluation.

**6.4.6** The OHN will forward a copy of DD Form 689 to the individual's medical file. The individual will present the original DD Form 689 to his/her supervisor.

## **6.5** Pregnancy Surveillance:

**6.5.1** All pregnant employees will report a diagnosed pregnancy to their supervisor. Supervisors will notify the OHN at Ext. 3-9139, of any reported pregnant employee.

**6.5.2** An assessment is completed to make sure the employee is not working in a potentially hazardous work environment that may cause harm to the employee/baby during her pregnancy. For example, if the MD has noted restrictions like lifting, immune issues, work-hours, etc., this is noted in their medical file and the supervisor is contacted so that they understand the importance to follow through with the restrictions. The supervisor may have to reassign the employee to another area while pregnant.

28 September 2006

The proponent of this publication is Preventive Medicine, Wellness, and Readiness Service. Users are invited to send comments and suggest improvements on DA Form 2028, directly to USA MEDDAC, Preventive Medicine, Wellness, and Readiness Service, ATTN: MCXJ-PMWARS, Fort Huachuca, AZ 85613-7040

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